



TETRA TECH EC, INC.

Subcontractor Pre-Qualification

Thank you for your inquiry regarding subcontracting opportunities with Tetra Tech EC, Inc. (TtEC) at the Rocky Mountain Arsenal (RMA). For information regarding upcoming remediation activities, visit the Army's Rocky Mountain Arsenal website at <http://www.rma.army.mil>.

The RMA project brings many exciting challenges and risks associated with remediation of the site. We are an OSHA VPP Star Status project and subcontractors are expected to fully support the TtEC commitment to workplace safety and health excellence at RMA. As part of our program, we pre-qualify all prospective subcontractors to ensure safe, compliant, quality and timely project execution. Areas such as loss history, health and safety programs and training, relevant past safety and health experience for required services, and regulatory compliance will be considered in the overall pre-qualification of each subcontractor. If you are in need of assistance with your company's NAICS Code, please visit <http://www.osha.gov/oshstats/naics-manual.html> or <http://www.osha.gov/pls/imis/sicsearch.html>.

In addition to the safety prequalification information, you must submit the "Supplier Set-Up Or Change of Information Form" and the Form W-9, "Request for Taxpayer Identification Number and Certification" which are both included in this package. Incomplete packages will not be processed.

Submit your package to:

Tetra Tech EC, Inc.
72nd Avenue & Quebec Street
Commerce City, CO 80022-1748
Attn: Amanda Oberg – Trailer Z-109

For technical questions on the safety information, call John Sutherland @ (303) 289-0814 or Stephanie DeWitt @ (303) 289-0281. For questions on the Supplier and Tax forms, call Amanda Oberg @ 303-289-0507.

COMPANY NAME								
CONTACT				ADDRESS				
FIRST NAME				ADDRESS				
LAST NAME								
TITLE				CITY				
PHONE				STATE				
FAX				ZIP CODE				
*REFERENCES				SOCIOECONOMIC CLASS:	SB	SDB	WOSB	8(A)
PLEASE ATTACH A LIST WITH THREE REFERENCES AND CONTACT PERSON				(please circle one)	LB	Other		
COMMODITIES								
Please circle the work below which you would like to provide								
Air Quality	Drilling	Geosynthetic Testing	Health & Safety	RCRA Type Landfill	Soil Remediation			
Asbestos Abatement	Electrical	Geotechnical	Monitoring	Construction	Structure Demolition			
Cabling	Installation	Groundwater	Laboratory	Remediation	Surveying			
Construction/Operation of	Engineering	Hazardous Material	Mass Excavation	Revegetation	UST			
Decontamination Pads	Fencing	Handling	Materials Hauling	Road Construction	UXO			
			Piping		Wells			
Other:								



TETRA TECH EC, INC.

Environmental Health & Safety Questionnaire

Company Name	Primary NAICS Code(s):
Project Name/Location/Dates (if available):	

Loss History	Current Year	Previous Year	Previous Year	Previous Year
1. Experience Modification Rate (Attach verification letter- see below)				
2. Total Employee Hours Worked by Calendar Year (both office and field labor)				
3. Total Recordable Injuries and Illnesses (OSHA 300 Form – Columns G+H+I+J) (Attach an OSHA 300 log for each year listed)				
4. Total Recordable Incidence Rate (See below) (Row 3 / Row 2) x 200,000 work hours				
5. Number of Cases that Involved Days Away From Work, Days of Restricted Work Activity, or Job Transfer (DART) (OSHA 300 Form – Columns H + I)				
6. DART Incidence Rate (Row 5 / Row 2) x 200,000				
7. Number of Cases that Involved Days Away From Work (Lost Time Cases) (OSHA 300 Form – Column H)				
8. Lost Time Incidence Rate (Row 7 / Row 2) x 200,000				
Total Number of Fatalities				

Experience Modification Rates: Experience modification rates (EMR) are established by your insurance carrier based on past claims for losses including worker's compensation. Please contact your insurance carrier to obtain verification of your EMR for each year requested. **If an EMR has not been established for your company for each year requested, please attach an explanation.**

If any EMR rate listed is greater than 1.0, you must attach a corrective action plan. The corrective action plan must explain why the EMR(s) are greater than 1.0, and descriptions of the corrective action(s) that have been implemented to reduce the EMR to 1.0 or less.

Incidence Rate Calculations: The Incidence Rates that you insert into the table (from your OSHA 300 Logs) will be compared to the U.S. Bureau of Labor Statistics tabulated Incidence Rates for the most recent year available. The Incidence Rates used will be that of the North American Industry Classification System (NAICS) code which most closely represents the nature of the work to be performed by your firm on the subject project

If any Incidence Rate listed is greater than the appropriate National Average, you must attach a Corrective Action Plan. The Corrective Action Plan must explain in detail why the Incidence Rates are above the National Averages, as well as descriptions of the corrective action(s) that have been implemented to reduce the Incidence Rates, and a demonstration of the effectiveness of the corrective actions to date.

Fatalities: If any fatalities are indicated then a detailed explanation of the fatality must be provided. In addition, you must attach a Corrective Action Plan. The Corrective Action Plan must contain detailed descriptions of the corrective action(s) that have been implemented to prevent recurrence of similar incidents in the future, and a demonstration of the effectiveness of the corrective actions to date.



TETRA TECH EC, INC.

Substance Abuse Programs

- Does your company have a substance abuse program which includes pre-work (or pre-employment), "for cause", and post accident employee drug and alcohol testing? ☐ Yes ☐ No
- If not, will you implement substance abuse testing for work subcontracted to your company? ☐ Yes ☐ No
- Does your company have a program in place that complies with the Federal Drug-Free Workplace Act? ☐ Yes ☐ No
- If not, will you implement a Drug-Free Workplace Program that complies with federal requirements (FAR Clause 52.223-6) for work subcontracted to your company? ☐ Yes ☐ No

Environmental Health and Safety Program Elements (check all that apply)

- Written Health and Safety Programs ☐ Management Commitment and Policy regarding health and safety
☐ Company Health and Safety Program Manual
☐ Safe Operating Procedures for high hazard operations
(Attach a listing of the written programs, or a copy of the table of contents for the programs) ☐ Written Respiratory Protection Program
☐ Written Hearing Conservation Program
☐ Written Hazard Communication Program
☐ Written Bloodborne Pathogen Program
☐ Written Medical Surveillance Program
☐ Written Lockout/Tagout procedures
☐ Written Confined Space Entry procedures
- Worksite Evaluation and Analysis ☐ Formalized methods to identify and control high hazard operations
☐ Job or Task Hazard Analysis developed for hazardous operations
☐ Formalized accident/incident reporting and investigation process
☐ Documented "lessons learned" program
- Safety Committees and Meetings ☐ Active company or organization health and safety committee
☐ Active site health and safety committee
☐ Employee and labor inclusion in site committee
☐ Daily "toolbox" site safety meeting requirement
☐ Weekly site safety meeting requirement
☐ Monthly site safety meeting requirement
☐ All employees required to attend site safety meetings
☐ Subcontractors required to attend safety meetings
- Environmental Health and Safety Inspections/Audits ☐ Line management participation in site EHS inspections/audits
Frequency _____
☐ EHS specialist participation in site EHS inspections
Frequency _____
☐ Requirement for independent audits of site EHS program
By whom? _____
☐ Written documentation of EHS inspection/audit findings
☐ Written documentation of EHS inspection/audit corrective actions
- Environmental Health and Safety Training and Awareness Programs ☐ Safety training and orientation for new hires
☐ Safety training and orientation for line management
☐ Safety training and orientation for site supervisors/foremen
☐ Safety training and orientation for subcontractors
☐ Periodic employee/supervisor safety training
☐ DOT Hazardous Materials (49 CFR 772, Subpart G) trained workers
☐ Hazardous Waste (29 CFR 1910.120) trained workers
☐ RCRA facility (40 CFR 264.16 or 265.16) trained workers
- Environmental Programs ☐ Policy statement for environmental compliance or management
☐ Written program for environmental compliance or management
☐ Procedures for prevention and reporting of spills or releases
☐ Procedures for reporting permit exceedences
☐ Procedures for review/approval of waste management transporters, vendors, and/ subcontractors



TETRA TECH EC, INC.

Environmental Health and Safety Compliance History

The following compliance questions relate to your company and operations over the past 5-year period. The term company is inclusive of all operations nationwide, all companies and operating divisions, and all company names currently and previously used.

Has OSHA (federal or state) issued any citation(s) to your company? ☐ Yes ☐ No

Has OSHA (federal or state) issued any citation(s) to subcontractors working on projects or sites managed by your company? ☐ Yes ☐ No

Are there any past or pending environmental enforcement actions or environmental compliance violations for your company? ☐ Yes ☐ No

For projects, subcontractors, or sites managed or operated by your company, are there any past or pending environmental enforcement actions or environmental compliance violations for any other related organization? *(Note: Related organizations would include subcontractors, site owners, other companies or government organizations. This question is limited to the time period when your company was in management or operational control of the project or site.)* ☐ Yes ☐ No

If yes to any question above, attach a copy of the violation, citation, or enforcement action description, including an explanation of the circumstances and resolution(s) with the agency. Please provide a discussion of what corrective action(s) have been implemented to prevent reoccurrence at other locations, and demonstrate how these actions have been effective.

I certify and declare under penalty of law that the foregoing environmental health and safety compliance history is true and correct, and that I am a duly authorized representative of the company.

Printed Name

Title

Signature

Date

Company contact for additional health, safety and environmental program information:

Printed Name

Title

Phone Number

Fax Number

e-mail address

Summary of Required Documentation and Submittals:

- Insurance provider documentation of EMR for current and past three years.
- OSHA 300 Logs for current and past three years.
- Description/Explanation and Corrective Action Plan(s) If any of the following are true; EMR(s) greater than 1.0, Incidence Rate(s) above National Average, previous fatality.
- Table of contents from Health and Safety and/or Environmental Compliance Program Manual(s). (TtEC reserves the right to request a copy of the entire document)
- In the event of a previous OSHA citation or Environmental Enforcement Action, a copy of each citation/violation, description of the circumstances of the violation, and a Corrective Action Plan which describes measures taken to prevent recurrence of the condition/action which resulted in the citation/enforcement action.



Five environmental health and safety (EHS) program areas are evaluated to prequalify a subcontractor to perform work for TtEC. EHS information provided on the Subcontractor Profile is used as the basis of the prequalification.

1. Loss History

Experience Modification Rates (EMR) must be substantiated with a letter from the subcontractor's insurance carrier or a letter from the subcontractor stating why an EMR is not established. Both the average of the EMR listed **and** the most recent EMR should be less than or equal to 1.0. For years where an EMR is not established, the EMR is assumed to be 1.0.

Three injury/illness incidence rates (total recordable, lost workday, and lost time) will be compared to the Bureau of Labor Statistics national averages for the NAICS code most appropriate to work the subcontractor is anticipated to perform. Incidence rates listed must be backed-up with a copy of each year's OSHA 300 Log. Subcontractor provided numbers will be used if the subcontractor states that they are exempt from the requirement to maintain an OSHA 300 Form.

2. Substance Abuse Programs

The subcontractor must have a substance abuse program in place which meets the requirements of the federal Drug Free Workplace Act which includes pre-work, "for cause", and post incident employee drug and alcohol testing. Subcontractors who do not have a program in-place, but are willing to implement the required substance abuse program and testing, may be given conditional prequalification. Subcontractors with conditional approval will be required to have an employee drug and alcohol testing program, and may be required by Subcontract to have a substance abuse program in-place prior to the start of work.

3. Environmental Health and Safety Program Elements

TtEC staff will make a qualitative assessment of the subcontractor environmental safety and health program. The assessment will be made on the basis of the information provided on the Subcontractor Profile form, and compared to the type of work the company is reasonably anticipated to perform. A program that contains basic elements such as company EHS policy, written procedures, worksite inspections, employee training and awareness, and similar items is considered acceptable. A program that does not contain the basic elements necessary for completing work in a safe and compliant manner is considered unacceptable.

4. OSHA Compliance History

The subcontractor should have zero OSHA citations in the past 5 years.

5. Environmental Compliance History

The subcontractor should not have any past or pending environmental enforcement actions or violations in the past five years. This includes the subcontractor, lower tier subcontractors, and sites or projects that are or have been managed by the subcontractor.

Exceptions to Standard Prequalification Criteria

Subcontractors who do not meet the standard prequalification criteria must submit a corrective action plan in each deficient area listed above to be considered further in the prequalification process. The corrective action plan(s) must provide appropriate background information, discuss the corrective actions that have been implemented to prevent recurrence at other locations, and demonstrate how these actions have been effective. **Corrective action plans must demonstrate the effectiveness of the corrective actions implemented to be considered or qualify for an exception to the standard prequalification criteria.**

Exceptions **may** be made to the standard prequalification criteria listed above by the Program Manager and the Health and Safety or Environmental Compliance Manager. Exceptions will be approved on a case-by-case basis considering information provided on the Subcontractor Profile and the content of corrective action plan(s) submitted by the subcontractor.

SUPPLIER SET UP OR/CHANGE OF INFORMATION FORM

☐ New Supplier ☐ Name Change or Change to Existing Information ☐ Site Addition or Contact Only

Date: _____ Submitted By: _____ Submitter's E-Mail: _____
Phone No: _____

Supplier's Full Legal Name (No Acronyms): _____
Supplier's Trade Name (or DBA): _____
Supplier Parent Name (If applicable): _____

FEIN No: _____ If No FEIN Select: ☐ Government ☐ Foreign ☐ Utility ☐ Will Obtain from Vendor

☐ W-9 Form Attached ☐ Pending W-9 Form (**NOTE:** *If no W-9 is attached the supplier will be placed on payment hold until the form is received*)

1. Supplier Address: _____

County/Province: _____ **Phone:** _____ **Fax:** _____

Check all that apply: ☐ Payment Site

☐ Purchasing Site

Contact - Name: _____ Phone: _____ Fax: _____

E-Mail Address: _____ Website: _____ Other: _____

2. Supplier Address: _____

County/Province: _____ **Phone:** _____ **Fax:** _____

Check all that apply: ☐ Payment Site

☐ Purchasing Site

Contact - Name: _____ Phone: _____ Fax: _____

E-Mail Address: _____ Website: _____ Other: _____

Net 0 ☐ Net 10 ☐ Net 15 ☐ Net 20 ☐ Net 30 ☐ Net 45 ☐

Explanation for term other than Net 45: _____

Socioeconomic Class: 1. ☐ **Minority Owned**

(Check all that apply)

(**This should be verified by Procurement**)

2. ☐ **Small Business**

3. ☐ **SBA Certification**

Expiration date for SDB: _____

4. ☐ **Other Programs**

Expiration Date: _____

5. ☐ **Woman Owned**

☐ Asian Pacific

☐ Individual

☐ Black American

☐ Native American

☐ Hispanic American

☐ Subcontinent Asian

☐ Historically Black Colleges & University/Minority Institutions

☐ National Institute for the Blind

☐ National Institute for the Severely Disabled

☐ Small Business

☐ Small Disadvantaged Business Concern

☐ Service-Disabled Veteran Owned Small Business Concern

☐ Service-Disabled Veteran Owned Small Disadvantaged Busi Concern

☐ Veteran-Owned Small Business Concern

☐ Veteran-Owned Small Disadvantaged Business Concern

☐ 8(a) Program

☐ Not Certified

☐ Certified

☐ Pending

☐ HUB Zone-Historically Underutilized Business

☐ HUB Zone/Mentor-Protégé Program

☐ Mentor Protégé Program

6. ☐ **Non-Profit Organization**

7. ☐ **Foreign/Other**

DUNS Number: _____ Primary NAICS: _____ Other Info: _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	
	Requester's name and address (optional)	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+				+	
or								
Employer identification number								
			+				+	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.